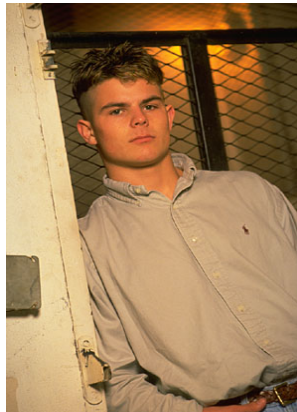


“... a life's too much to lose...”



Preventing Suicide: Kentucky's Plan



Prepared by the Kentucky Division of Mental Health and Substance Abuse in collaboration with the Kentucky Suicide Prevention Group (KSPG), a work group of the Kentucky Commission on Services and Support for Individuals with Mental Illness, Alcohol & Other Drug Abuse Disorders, and Dual Diagnosis (HB 843 Commission).





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Representative Mary Lou Marzian
Members of the Kentucky Commission on Services and Supports for Individuals with Mental Illness,
Alcohol, and Other Drug Abuse Disorders, and Dual Diagnosis (HB 843 Commission)
Citizens of the Commonwealth:

Dear Members and Citizens of the Commonwealth :

With Kentucky's suicide rate exceeding the national suicide rate and the need for a state plan to address this issue, we present you with "Preventing Suicide: Kentucky's Plan" as prepared by the Kentucky Suicide Prevention Group (KSPG), a workgroup of the Commission.

This plan highlights the activities of the KSPG since its inception in March 2002. In particular, the plan illustrates the commitment to the collaborative nature of its work and continued efforts to raise awareness about suicide and its prevention so that fewer Kentuckians experience the pain and grief resulting from the suicide death of a loved one.

We would like to take this opportunity to thank the many volunteers who have shared in the efforts of the KSPG ranging from those who have lost loved ones to suicide, community action groups, government employees, educators, mental health advocacy and support groups, and staff of the regional mental health centers.

Additionally, we are appreciative of the support provided by the administration, the Commission, and the General Assembly in addressing the issue of suicide. On behalf of the KY Suicide Prevention Group, the citizens of the Commonwealth, and especially those affected by the death of a loved one by suicide, we ask for your continued support of this important work.

For additional information about the KSPG or any activities described within this plan, please do not hesitate to contact us or the lead staff at DMHMRS for this initiative.

Sincerely,

Connie Milligan
Steering Committee Chair

Denis Walsh
Steering Committee Vice-Chair



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Introduction

*“even one death by suicide is
one death too many”*

**Former HHS Secretary,
Tommy G. Thompson**

**Department of Health
& Human Services**

**An average of 502
Kentucky citizens die by
suicide each year.**

Kentucky loses twice as many
citizens to suicide as to homicide.

Kentucky's suicide death rate is
the 19th highest in the nation.

Suicide is the 2nd leading cause of
death for Kentuckians 15 to 34
years old.

Suicide is the 4th leading cause of
death for 35 to 54 year olds.

73 percent of suicide deaths in
Kentucky were caused by firearms.

2920 self-inflicted injuries¹
resulted in an in-patient hospital
admission in Kentucky during
calendar year - 2003.

¹ Self-inflicted injuries from the ICD-9
coding range of 9--- to 9--- are included
here. This is the code range identifying
suicide attempts.

Suicide is permanent.

However, potential suicide victims
usually exhibit warning signs before attempting
to end their lives. Therefore, suicide, like other
forms of violence, is preventable. It is a
preventable public health problem.

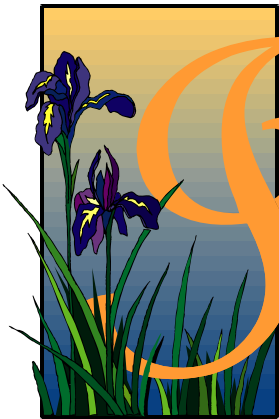
With growing concern for the problem
of suicide in Kentucky and the knowledge that
such devastating acts of violence are
preventable, in 2002 the Kentucky Department
for Mental Health and Mental Retardation
Services invited various community leaders to
establish the Kentucky Suicide Prevention
Group. In October 2004, a staff person was
hired to focus upon suicide prevention efforts
in the Commonwealth.

The group's collaborative work
continues to provide the framework for
Kentucky's response to the problem of suicide.
This report provides an overview of the
activities over the past fiscal year and
incorporates the state suicide prevention plan
for the future. The June 2004 Progress Report,
which covers the history of the group's efforts
from its inception, is also available on-line at
the following web-page:

<http://mhmr.ky.gov/mhsas/suicidepreventiongroup.asp>

The Impact of Suicide

Below are quotes from those who have been impacted by the suicide death of a loved one. The efforts of the Kentucky Suicide Prevention Group are dedicated to reducing the rate at which others experience their pain.



I am so tired of secrets. Being depressed is not something to be ashamed of. It's about brain chemistry, not some personal weakness. If I had known more about the risk factors, maybe there's something we could have done to help. I knew my son was sad but what I didn't know was that you can die from being too sad."

"My son was a basketball player who died by suicide. After an injury basically sidelined him, we all missed the signs of depression that followed. As his mother, I am convinced that if the coaching staff, his team members, his girlfriend, his family or even he had been able to recognize the symptoms of depression, and sought treatment, he would be alive today. That's why the work of the Kentucky Suicide Prevention Group is so important to me - to prevent other families from experiencing the grief and pain that we live with every day."



The Vision, Mission & History

Vision

The vision of the Kentucky Suicide Prevention Group is to lead the Commonwealth in providing and promoting opportunities for all Kentuckians to become active in the reduction of suicide deaths and attempts.

Mission

The mission of the Kentucky Suicide Prevention Group is to decrease suicide deaths and attempts in the Commonwealth through advocacy, education, training, and evaluation.

History

As the basis for a collaborative development of a state suicide prevention plan, Kentucky's Division of Mental Health recruited stakeholders from a number of interest areas and from all over the state. At the first meeting in March 2002, approximately 25 people were in attendance who subsequently formed the Kentucky Suicide Prevention Planning Group.

In July 2002, eight of the group members attended the national conference of Suicide Prevention and Advocacy Network (SPAN-USA)² in Washington, D.C. There they were given information and tools to assist them in writing a suicide prevention plan. Upon their return, they immediately began working intensively to prioritize goals and action steps. With leadership from this core group, the Kentucky Suicide Prevention Planning Group recommended that the outline proposed by Surgeon General Satcher (US Public Health Service, 1999) and the National Strategy for Suicide Prevention (US Department for Health & Human Services, 2001) be followed in Kentucky. This model recognizes suicide as a preventable public health problem.

In December 2003, several members, including state legislators Senator Tom Buford and Representative Mary Lou Marzian, attended a conference on suicide prevention planning sponsored by the national Suicide Prevention Resource Center (SPRC). At this time further development of efforts in Kentucky occurred through structured facilitation provided by SPRC staff.

In June 2004, a progress report of the efforts of this group and its initial goals was published and presented to the Kentucky Commission on Services and Support for Individuals with Mental Illness, Alcohol & Other Drug Abuse Disorders, and Dual Diagnosis (HB 843 Commission). Some additional highlights of progress from March 2002 through June 2004 included training over 35 trainers of QPR as well as teaching over 500 individuals the basic QPR gatekeeper skills, distributing over 2000 information packets at conferences and events, and utilizing the expertise of several experienced professionals in the field of suicidology and prevention planning.

² SPAN-USA is now the acronym for the Suicide Prevention Action Network.

In October 2004, a suicide prevention coordinator was hired to address the issue of suicide via collaborative funding from the Department for Public Health and the Department for Mental Health & Mental Retardation Services. In December 2004, the KY Suicide Prevention Planning Group held a strategic planning retreat. It was determined that the group had moved past the planning stage, thus that word – planning – was removed from its name. Thus the group has since been known as the KY Suicide Prevention Group (KSPG). The strategic planning process was continued in February 2005. As a result of these sessions, a state suicide prevention plan emerged. Additionally, the three main work groups of the planning period which focused upon Awareness, Education, and Evaluation/Research were closed and new task specific groups became the focal point of the efforts of the KSPG.

The group expresses three primary messages:

- * **A Life is Too Much to Lose**
- * **Suicide is a Preventable Public Health Problem**
- * **Suicide Prevention:
It's Everybody's Business**

Support and Collaboration

Since that first meeting in 2002 when a group of devoted and concerned people formed the Kentucky Suicide Prevention Group, over 150 individuals have joined the effort. These people represent much of the Commonwealth's diversity in many areas such as age, geographic location, professions, personal experience and agency affiliation. Some of the involved entities include:

Survivor Support Groups
Local School Boards
Private Psychiatric Hospitals
Community Mental Health Centers
Law Enforcement
Private Businesses
Citizen Advocacy Groups
KY School Boards Association
Local Public Health
Louisville Youth Group
Mental Health Association of KY
Suicide Prevention Training
Programs for KY

Stop Youth Suicide Campaign
Morehead State University
State Interagency Council
Protection and Advocacy
Kentucky Center for School Safety
Western Kentucky University
Hospice of the Bluegrass
University of Kentucky
Mental Health Association of
Northern KY
National Alliance of the Mentally Ill -
Kentucky

The Division of Mental Health and Substance Abuse sponsors the Kentucky Suicide Prevention Group, in partnership with the Department for Public Health. Each Department has several staff involved in these efforts which are coordinated by the state suicide prevention coordinator.

Strategy

The invested and active stakeholders propose a strategy to reduce the rate of suicide within the Commonwealth. The strategy is based upon the eleven goals and corresponding objectives from the National Strategy for Suicide Prevention (NSSP), published by the U.S. Department of Health and Human Services in May of 2001, with leadership from the Surgeon General.

NSSP is the result of advocates, clinicians, and researchers and survivors working together to respond to the Surgeon General's challenge. It lays out a framework for action to prevent suicide. It is designed as a catalyst for social change using the public health approach with focus upon the areas of *awareness, intervention, and methodology*.

Based upon the needs in Kentucky, the goals created were focused on the areas of advocacy, education, marketing/public relations, community mobilization, and securing funding which can be tied directly to the national goals of awareness, intervention, and methodology.

The Commonwealth of Kentucky's Suicide Prevention Plan focuses upon the importance of a plan which has a life-span approach. This is important because data shows that persons of all ages are affected by self-inflicted injuries and suicide deaths.

Goals & Objectives

Advocate: To advocate for suicide prevention efforts.

Objectives:

- Promote awareness that suicide is a public health problem that is preventable.
- Develop broad-based support for suicide prevention.
- Identify the need for increased access to and community linkages with mental health and substance abuse services.
- Pursue affiliation with the Suicide Prevention Action Network – USA.
- Prepare an informational packet for various audiences to distribute as needed.
- Make formal recommendations to the HB 843 Commission and the Commissioners of the Department for Mental Health & Mental Retardation Services and the Department for Public Health regarding suicide prevention efforts.
- Utilize survivors to tell their story to legislators, administrators, community leaders, and citizens of the Commonwealth.

Educate: To develop and implement educational strategies.

Objectives:

- Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.
- Identify and maximize existing anti-stigma events (walks, conference, etc.).
- Promote efforts to reduce access to lethal means and methods of self-harm.
- Implement training for recognition of at-risk behavior and delivery of effective treatment.
- Identify and promote effective clinical and professional practices.
- Promote and support research on suicide and suicide prevention.
- Develop, improve, and expand surveillance systems.
- Communicate the availability of gatekeeper training and screening tools.
- Educate public and medical practitioners about appropriate treatment options.

Marketing and Public Relations: To develop and implement marketing and public relations strategies.

Objectives:

- Market suicide prevention as a means to lower costs of mental and physical health care costs.
- Develop a public awareness media campaign.
- Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.
- Enlist the support of media partners.

Mobilize Communities: To develop and expand community suicide prevention.

Objectives:

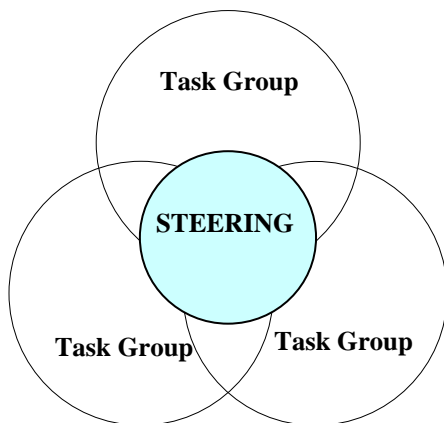
- Research, identify, and encourage implementation of community-based suicide prevention programs.
- Identify the need for increased access to and community linkages with mental health and substance abuse services.
- Mobilize geographic as well as organizational communities to expand suicide prevention efforts.
- Develop and train communities in the usage of a community suicide prevention toolkit.

Secure Funding: To secure funding for suicide prevention efforts.

Objectives:

- Identify grant funding options and grant preparation resources.
- Identify foundations and organizations to support the efforts of the KY Suicide Prevention Group (KSPG).
- Utilize public-private partnerships to secure funding and maintain leadership of the KSPG.

Structure



Task Groups are led by a volunteer from KSPG. Each task group may request technical assistance from the Steering Committee and the suicide prevention coordinator.

The Steering Committee consists of five individuals representing the full KSPG. They serve as the leadership component for the group and are responsible to report annually to the HB 843 Commission.

To accomplish the strategy set forth, there is a steering committee of five individuals which directs the efforts of the KY Suicide Prevention Group. Working task groups are formed to focus upon specific task areas as they arise. These are supported and coordinated through the suicide prevention coordinator.

Each fiscal year a 2-page document will be published to report updates and achievements.

Acknowledgements

Many thanks are due to the more than 150 Kentuckians who have joined the suicide prevention effort. Without each and every one of them, the group's work would not have progressed as it has.

The most heartfelt thanks go to the survivors of suicide. They are the essence of this movement. Without the spirit and dedication of those dramatically impacted by the suicide death of their loved ones, the reason for the efforts of this might would be lost. Thanks to their ability to communicate and advocate, we focus on practical and effective ways to prevent others from experiencing the grief they endure daily.

Special thanks are also given to the following individuals for their consistent support and encouragement, listed in alphabetical order.

Mark Birdwhistell	Undersecretary for Health, Cabinet for Health & Family Services
Tom Buford	Senator, Kentucky General Assembly
Steve Davis, MD	Deputy Commissioner, Department for Public Health
Sue Eastgard	Director, Youth Suicide Prevention Program - Washington State
Sarah Gilbert	EKU Facilitation Center, Training Assistant
William Hacker, MD	Commissioner, Department for Public Health
Linda Harney	Deputy Commissioner, Dept. for Mental Health and Mental Retardation Services
James Holsinger, MD	Secretary, Cabinet for Health & Family Services & Co-Chair, HB 843 Commission
Rice Leach	Former Commissioner, Department for Public Health
David Litts, OD	Suicide Prevention Resource Center, Air Force Suicide Prevention Plan
Mary Lou Marzian	Representative, Kentucky General Assembly & Co-Chair, HB 843 Commission
Margaret Pennington	Former Commissioner, Dept. for Mental Health and Mental Retardation Services
Lloyd Potter	Director, Suicide Prevention Resource Center
Paul Quinnett, PhD	President and CEO, QPR Institute
Bob Robey	Suicide Prevention Training Programs for KY
Karen Russell	EKU Facilitation Center, Facilitation Services Specialist
Bruce W. Scott	Former Director, Division of Mental Health
Steve Shannon	Director, Division of Mental Health and Substance Abuse
Pat Wear, II	Commissioner, Department for Mental Health and Mental Retardation Services
Sarah Wilding	Chief Nurse, Department for Public Health
Linda Whittle	Ohio Coalition for Suicide Prevention

Reference Web Sites

National Resources

American Association of Suicidology	http://www.suicidology.org/
American Foundation for Suicide Prevention	http://www.afsp.org/
Jason Foundation	http://www.jasonfoundation.com/
Jed Foundation	http://www.jedfoundation.org/
Kristin Brooks Hope Center / National Hopeline Network	http://www.hopeline.com/
National Center for Suicide Prevention Training	http://www.ncspt.org/courses/orientation/
National Strategy for Suicide Prevention	http://www.mentalhealth.org/suicideprevention/strategy.asp
National Suicide Prevention Lifeline	http://www.suicidepreventionlifeline.org
National Youth Violence Prevention Resource Center	http://www.safeyouth.org/scripts/index.asp
NMHA sponsored Depression Screening	http://www.depression-screening.org/
Organization for Attempters & Survivors of Suicide in Interfaith Services	http://www.oassis.org/
QPR Institute - Gatekeeper Prevention Training	http://www.qprinstitute.com/
Samaritans Suicide Prevention	http://www.samaritansnyc.org/
Stop a Suicide, Today!	http://www.stopasuicide.com/
Suicide Awareness/Voices of Education	http://www.save.org/
Suicide Prevention Action Network (SPAN USA)	http://www.spanusa.org/
Suicide Prevention Resource Center	http://www.sprc.org/
Suicide Reference Library: Suicide Awareness, Support & Education	http://www.suicidreferencelibrary.com/
Surgeon General's 1999 Call to Action	http://www.surgeongeneral.gov/library/calltoaction/default.htm
Web-based Injury Statistics Query and Reporting System	http://www.cdc.gov/ncipc/wisqars/default.htm
Yellow Ribbon Suicide Prevention Program	http://www.yellowribbon.org/

State and Local Resources

Hospice of the Bluegrass	http://www.hospicebg.com/
KY Department for Mental Health & Mental Retardation Services – Suicide Prevention Pages	http://mhmr.ky.gov/KDMHMRS/ http://mhmr.ky.gov/mhsas/suicidepreventiongroup.asp
KY Department for Public Health – Data Resources	http://chfs.ky.gov/dph/surv.htm
Mental Health Association of Northern Kentucky	http://www.mhanky.org/index.htm
SPAN Kentucky	http://www.span-ky.com/
Stop Youth Suicide Campaign	http://www.stopyouthsuicide.com/
Suicide Prevention Programs for Kentucky (QPR)	http://www.kysuicideprevention.com/index.html

Contact Information



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Linda Lancaster, Member
Jan Ulrich, Member

Hatim Omar, Former Chair
Richard Greer, Former Member
Bruce Hey, Former Member



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